quent chest x-ray of the positive reactors to healthy young persons, fearing that such action might be interpreted as exploitation. We shall do well to keep in mind, however, the widespread activities in public health education now being carried on among the people, and to realize that our clientele is rapidly being made ready to accept this service when it is offered by their family doctor.

We have no one to thank but ourselves if we allow the tuberculosis test to become almost the accepted field of public health agencies, as we have already done in the case of smallpox and diphtheria immunization. In the meantime, those among us whose clientele is unable to pay for this service can vastly increase the effectiveness of these important preventive measures by explaining the basis and justification of the test as carried on by public health agencies.

1930 Wilshire Boulevard.

TUBERCULOSIS IS WHERE YOU FIND IT

By JOHN L. GOMPERTZ, M. D.
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EVER since Laennec discovered auscultation, physicians have been listening for adventitious sounds in the chest. Hearing none and eliciting no other abnormal findings, they have concluded that no pathological condition of the chest existed. This teaching has persisted through years so that unless a patient presented himself with most of the classical symptoms and signs of tuberculosis, too often his chest was dismissed as negative.

Not so many years ago the disease tuberculosis ranked first among all causes of death in this country. In 1900 the mortality from this condition was 202 per 100,000. Since that time the picture has changed considerably and today this disease has descended to seventh place among causes of death; by 1938 the mortality rate from it having dropped from 202 down to 48.6 per 100,000.

Many factors have contributed to this improvement, such as better treatment, public education, improved diagnostic measures; and, hence, earlier diagnosis, case-finding methods, and finally the realization on the part of the physician that tuberculosis may be active in a patient without the classical picture of "consumption."

Indeed, this is probably one of the most important truths that has dawned upon our medical consciousness: tuberculosis may be active and progressing without any signs or symptoms of it being apparent to the patient or to the physician making an ordinary examination.

To illustrate this, the following cases are offered.

REPORT OF CASES

CASE 1.—I. S. Age, 21. This patient worked as a beauty operator near a university campus and all of her clients were college girls. She felt fine, never was overtired; had no cough nor any other symptoms of illness.

One night in July 1937, however, she coughed a little bit and noticed some blood streaks on the sputum. Her mother became alarmed and sent her to the family physician, who had a chest x-ray taken. This revealed a cavity in the right upper lobe about one-half inch in diameter, with an area of infiltration around it. (Fig. 1.)

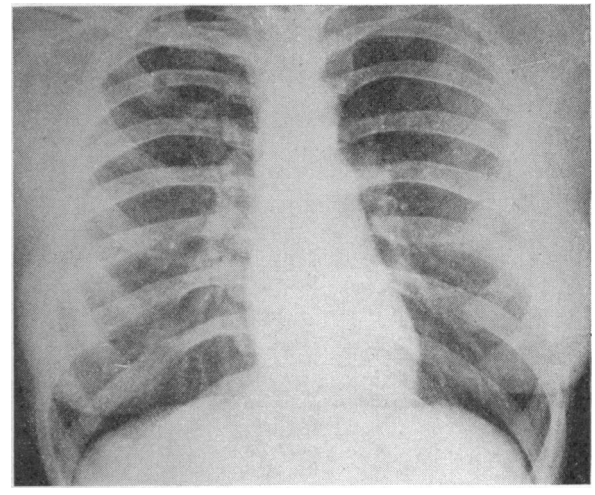

Fig. 1.—Showing small cavity in right upper lobe.

Her tuberculin test was found positive; she was hospitalized and her pneumothorax started. Today the cavity is closed, and she is receiving her pneumothorax treatments regularly and is back at her old job. She had felt perfectly well until blood appeared when she coughed.

The next step after making the diagnosis on this patient was to check her contacts; those people about her who might be infected. There were four members of her family, and they were all tuberculin-tested and fluoroscoped. Each was found to be negative until her younger sister was examined.

The sister was a very athletic girl of nineteen. She was a star basketball player and girls' yell leader in her high school. She had never known a day of illness and was the picture of good health and energy. She was examined and no physical signs of disease could be found. However, when she was fluoroscoped, an area of infiltration was found in her right upper lobe just below the clavicle. Her tuberculin test was positive and she was hospitalized and her treatment started.

Today she is still feeling perfectly well, because she was examined as a contact and an early diagnosis of tuberculosis was made. She, too, is back at work and is leading a very normal life.

COMMENT

Now these two cases present nothing unusual so far as pathology, clinical course or treatment are concerned. Their diagnosis was easy and their prognosis is good. They are presented to emphasize two points:

First, that a person may feel perfectly well and look fine, yet have active pulmonary tuberculosis.

Second, that all contacts to a case of active tuberculosis should have an adequate examination; at least a tuberculin test and then, if that is positive, some type of x-ray examination.

426 Seventeenth Street.

LEIOMYOMA OF VAGINAL WALL

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SOLITARY leiomyomas of the vagina are uncommon tumors, yet may be of importance because of malignant transformation, local mechanical factors and the possibility of sepsis. While this instance does not illustrate any one of these points, it is of value from the statistical standpoint.